

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AP / ITC

In re Patent Application of



Atty ARC-117-595

Dkt.

C# M#

SEIFALIAN ET AL.

TC/A.U. 1796

Serial No. 10/586,649

Examiner: Peng

Filed: July 19, 2006

Date: May 24, 2010

Title: POLYMER FOR USE IN CONDUITS, MEDICAL DEVICES AND BIOMEDICAL SURFACE MODIFICATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	37	minus highest number previously paid for	39	(at least 20) =	0	x \$52.00	\$0.00 (1202)/\$0.00 (2202)	\$ 0.00
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Independent claims after amendment	1	minus highest number previously paid for	3	(at least 3) =	0	x \$220.00	\$0.00 (1201)/\$0.00 (2201)	\$ 0.00
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If proper multiple dependent claims now added for first time, (ignore improper); add							\$390.00 (1203)/\$195.00 (2203)	\$ 0.00
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Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)							One Month Extension \$130.00 (1251)/\$65.00 (2251)	
							Two Month Extensions \$490.00 (1252)/\$245.00 (2252)	
							Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)	
							Four Month Extensions \$1730.00 (1254)/\$865.00 (2254)	
							Five Month Extensions \$2350.00 (1255)/\$1175.00 (2255)	\$ 0.00

Terminal disclaimer enclosed, add							\$140.00 (1814)/ \$70.00 (2814)	\$ 0.00
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<input type="checkbox"/> Applicant claims "small entity" status.	<input type="checkbox"/> Statement filed herewith							
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Rule 56 Information Disclosure Statement Filing Fee							\$180.00 (1806)	\$ 0.00
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Assignment Recording Fee							\$40.00 (8021)	\$ 0.00
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Other: Declaration of Arnold Darbyshire								\$ 0.00
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<b>TOTAL FEE</b>	<b>\$ 0.00</b>
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 **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

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ARC:eaw

NIXON & VANDERHYE P.C.  
By Atty: Arthur R. Crawford, Reg. No. 25,327

Signature: \_\_\_\_\_